DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES 45th 11/12/16 60th 12/07/16

PRINTED: 09/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445511	A. BUILDING 01 - MAIN B. WING	09/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF OOLTEWAH	5911 SNOW HILL ROAD OOLTEWAH, TN 37363

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA70 and 72. 9.6.1.4, 9.6.1.7. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure smoke detectors were at least 3-feet from air flow. The findings include: Observation and interview with the maintenance director, on 9/26/16 between 1:12 PM and 3:00 PM revealed smoke detectors in the following locations are within 3 feet of air flow; 1. Clean linen 300 hallway. 2. Janitors closet on the 300 hallway. 3. Storage room by resident room 224. 4. Janitors closet by resident room 101. 5. Soiled utility on the 100 hallway. (NFPA 101, 9.6.1.4, 9.6.1.7, NFPA 72, 2-3.5.1) These findings were verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/28/16.	K 052	1)What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. A licensed contractor relocated smoke detectors on 10/07/16 and 10/14/16 to ensure they were at least 3-feet from air flow. These locations included: 1. Clean linen 300 hallway. 2. Janitor's closet on the 300 hallway. 3. Storage room by resident room 224. 4. Janitor's closet by resident room 101. 5. Soiled utility on the 100 hallway. 2) How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. On 10/07/16 the Maintenance Director and a licensed contractor reviewed facility smoke detectors to ensure they were at least 3-feet from air flow. The licensed contractor relocated the smoke detector on 10/07/16 and 10/14/16 in four additional locations. These locations included: 1. Communication room on front hall. 2. Work room on front hall. 3. Storage room on 100 hall. 4. Clean utility room on 100 hall.	10/28/16 10/28/16
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tiana Schleuz
TITLE: Executive Director
(X6) DATE: 10/20/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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LIFE CARE CENTER OF OOLTEWAH	6911 SNOW HILL ROAD OOLTEWAH, TN 37363

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K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide	K 056		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ileana Schleuss
TITLE: Executive Director
(X6) DATE: 10/20/16

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K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide	K 056	1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ilona Schleuss — TITLE: Executive Director — (X6) DATE: 10/20/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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LIFE CARE CENTER OF COLTEWAH	5811 SNOW HILL ROAD COLTEWAH, TN 37363

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K 056	Continued From page 1 complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all areas were sprinkled. The findings include: Observation and interview with the maintenance director, on 9/28/16 at 1:06 PM revealed the electrical room on the 300 hallway does not have sprinkler coverage. Facility sprinkler blue prints show sprinkler coverage in this room. (NFPA 101, 18.3.5, 18.3.5.1, 9.7, NFPA 13, 5-1.1) This finding was verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16.	K 056	K056 D Continued A licensed contractor installed a sprinkler head in the electrical room on the 300 hallway on 10/20/16. 2) How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. On 10/14/16 the Maintenance Director and Executive Director reviewed the facility to ensure all areas are sprinkled. A licensed contractor will install a sprinkler head on 300 hall on 10/20/16. 3)What measure will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur. The Maintenance Director or designee will review facility sprinkler system monthly to ensure all areas of the facility are sprinkled. Any modifications necessary following this review will be completed by a licensed contractor. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur. The Maintenance Director will present findings of the monthly smoke detector review to the facility Performance	10/28/16 10/28/16 10/28/16
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 16.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure the sprinkler system was maintained in reliable operating condition. The findings include:	K 062		

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K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure the sprinkler system was maintained in reliable operating condition. The findings include:	K 062		

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K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure the sprinkler system was maintained in reliable operating condition. The findings include:	K 062	1) What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	

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K 062	Continued From page 2 Record review with the maintenance director, on 9/26/16 at 10:33 AM revealed during the 3 year full flow trip test on system #2 water reached the inspectors testing location in 1 minute and 10 seconds. (NFPA 101, 18.7.6, 4.6.12, 9.7.5, NFPA 13, 4-2.4.1) This finding was verified by the maintenance director and acknowledged by the administrator and corporate during the exit conference on 9/26/16.	K 062	K062 F Continued A licensed contractor conducted the 3-year full flow trip test on the dry sprinkler system #2. Water reached the inspector's testing location in 54 seconds on 10/13/16. A licensed contractor conducted a second 3-year full flow trip test on the dry sprinkler system #2. Water reached the inspector's testing location in 50 seconds on 10/20/16. Based on the results of both tests, the facility has ensured the sprinkler system is maintained in reliable operating condition. 2) How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken. A licensed contractor retested the required 3-year full flow drip test on the dry sprinkler system #2 and the results confirmed the sprinkler system is maintained in reliable operating condition on 10/13/16.	10/28/16 10/28/16

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